



# CLARK COUNTY DEPARTMENT OF BUILDING & FIRE PREVENTION

4701 W Russell Rd ~ Las Vegas, NV 89118 ~ Phone: (702) 455-7100 ~ Fax: (702) 735-0775

## Fire Permit by Inspection - Application

Website: [http://www.clarkcountynv.gov/Depts/development\\_services/fire\\_prevention](http://www.clarkcountynv.gov/Depts/development_services/fire_prevention)

Email: [permits@ClarkCountyNV.gov](mailto:permits@ClarkCountyNV.gov)

**Fee Payment:** \$80 minimum fee payment is due at time of submittal. Additional fees may apply based on square footage and/or event timeframe. Fee is payable in exact cash, check or money order (drawn on a US Bank in US funds), Master Card or Visa presented in person with proper ID, or an established Fire Prevention escrow account. Checks are payable to CCDB-Fire Prevention. This form must be legible and all appropriate boxes check-marked.

Submittal Date: \_\_\_\_\_ Payment Type: ☐ Cash ☐ Check ☐ Credit Card -or- Escrow Account #: \_\_\_\_\_

*This submittal is for a Temporary Assembly (FEPI) of up to 500 persons that has exit capacity for at least twice the number of attendees per the Permit by Inspection guideline.*

Square Footage: \_\_\_\_\_ Number of Attendees: \_\_\_\_\_

### PERMIT INFORMATION

Plans: ☐ New ☐ Revision

Application # (If applicable): \_\_\_\_\_

*Note: If plan is a revision or a correction then the original application number must be provided.*

Municipal Project/Property: ☐ Yes or ☐ No

APN: \_\_\_\_\_

Venue Address: \_\_\_\_\_ Bldg.-Suite#: \_\_\_\_\_

Name of Venue: \_\_\_\_\_

Exact Location within Venue: \_\_\_\_\_

*(i.e.: Name of ballroom, hall or parking lot location)*

Name of Event: \_\_\_\_\_

Event Move-In Date: \_\_\_\_\_ Event Move-Out Date: \_\_\_\_\_

**\*\*\* Date & Time Event Will Be Set Up For Inspection: \_\_\_\_\_ ☐ AM -or- ☐ PM \*\*\***

Inspection Contact Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Inspection Contact Email Address: \_\_\_\_\_

**\*\*\* Normal business hours and work days are Monday through Friday, 7:00 AM through 5:00 PM. \*\*\***

**\*\*\* If the date and/or time for the event set up inspection are outside of normal business hours, an overtime inspection must be requested. \*\*\***

**\*\*\* Saturday and Sunday inspections are performed after 4:00 PM. An overtime inspection must be requested if needed before 4:00 PM \*\*\***

### APPLICANT INFORMATION

Submitting Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Bldg.-Suite #: \_\_\_\_\_

City, State, Country, Zip Code: \_\_\_\_\_

Company Email Address: \_\_\_\_\_

Company Phone #: \_\_\_\_\_ Company Fax #: \_\_\_\_\_

Applicant Phone #: \_\_\_\_\_ Ext #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

\_\_\_\_\_  
*Applicant Name and Title*

\_\_\_\_\_  
*Applicant Signature*